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REQUEST FOR INTERIM ASSISTANCE FOR SOUTH AFRICA

Report of the Executive Director

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to continue interim assistance for South Africa in the amount of $4.2 million over a three-year period, which started in 1994. The assistance would enable UNFPA to continue working with the Government in developing the population components of the Government's Reconstruction and Development Programme (RDP). UNFPA intends to undertake a Programme Review and Strategy Development (PRSD) exercise some time in 1996 in collaboration with the Government and in consultation with the organizations of the Joint Consultative Group on Policy (JCGP) with which UNFPA expects to harmonize its programme.

2. The proposed interim assistance consists of ongoing and "pipeline" projects designed to meet immediate needs until a comprehensive population programme can be formulated. It is based on the Government's development objectives and the current national efforts towards development of policies and strategies in the field of population and development. UNFPA assistance is intended to contribute to the process of defusing current tensions and sensitivities regarding the

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population issue in South Africa; supporting the national debate on the need for and the structure of a national population policy; supporting the creation of a legitimate and widely respected national database especially by carrying out a national population census in 1996; and assisting in the development and refinement of reproductive health interventions at the provincial levels upon which models for replication nationwide can be built. A priority element of the programme would be a special focus on accelerating capacity building and training for the majority population, particularly at the provincial level and among provincial, rural-based non-governmental organizations (NGOs) and community-based organizations (CBOs).

3. In the development of its interim assistance, UNFPA has also taken account of the recommendations of the JCGP mission to South Africa in mid-1994. Consultations and discussions were held with the collaborating line Ministries, other agencies of the United Nations system present in South Africa, especially UNDP, UNICEF and the World Health Organization (WHO), and some NGOs operating in South Africa in the population field.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

II. BACKGROUND

5. Socio-economic factors. South Africa is, by international standards, a middle-income country, with a per capita gross national product (GNP) of the equivalent of $2,980 in 1994. Its economy is by far the largest in sub-Saharan Africa, benefiting from a wealth of natural resources and a developed industrial sector. However, apartheid policies in the past have meant that economic performance for at least the past fifteen years has been far below the country's potential. The real gross domestic product (GDP) increased at an average of only 0.7 per cent a year during the last decade.

6. South Africa's distribution of income and the availability of economic opportunities to its citizens are the most skewed in the world. In the past, by a deliberate act of government policy, the country's white citizens were reserved a standard of living broadly comparable with that of industrialized countries while the rest of the citizenry lived under conditions that, in certain areas of the country, were, and continue to be, worse than those in many developing countries. In terms of the provision of infrastructure and other amenities, the World Bank estimated that in 1993 per capita spending on infrastructure in the cities populated by whites and on white-owned farms was equivalent to that in the top four or five countries in the world. This is in sharp contrast to the spending in urban and peri-urban areas, such as the townships, inhabited by black

and other South Africans, which in aggregate have worse facilities than other developing countries with similar levels of per capita income. The duality of the South African economy also finds expression in the labour market: members of the high-income, white citizenry move in a different market environment from the rest of their fellow citizens. Removal of the political structure of apartheid has not removed the inequality that characterizes the socio-economic fabric.

7. The key challenge confronting the Government of National Unity (GNU) is the implementation of the Reconstruction and Development Programme (RDP), which serves as the framework for the socio-economic and political transformation of South African society. The recently announced national budget for 1995-1996 reflects the change in orientation in that it provides large, though still inadequate, increases in resources devoted to health, education, housing and public works. The GNU recognizes that the goals of this programme are achievable only in an environment of economic growth, good governance and a healthy private sector.

8. Demographic trends. The population of South Africa in 1995 is estimated by the United Nations at approximately 41.5 million. However, there is considerable discussion about the accuracy of this estimate as well as other population statistics. This is partly because of the manner in which such enquiries were conducted by the apartheid administration and partly because of the lack of accurate accounting for the influx of illegal migrants into South Africa from neighbouring countries. The rate of natural increase has been estimated at 2.2 per cent annually. The total fertility rate (TFR) is estimated nationally at 3.95 children per woman, and the United Nations has estimated that the national contraceptive prevalence rate (CPR) is 50 per cent for any method and 48 per cent for modern methods.

9. For non-white South Africans, the term "population" has come to have mostly negative connotations as a result of previous policies aimed at curbing non-white fertility. Under the previous regime, "population" was a function of the Ministry of Health and Population Development. The Population Development Department of the Ministry ran a well-funded vertical family planning programme. It operated its own service system and structure. The grave limitations and unacceptable practices of the vertical family planning programme included alleged abuses of human rights. Choice of methods and counseling were lacking, and user-friendly service providers were in short supply. The apartheid regime's family planning programme also caused great resentment among other health service providers because it was generously funded at the expense of other needed health programmes. Given the short time-frame, it is felt that there has not been a major shift in contraceptive use, especially within the African population, since the advent of the new Government. In order to gain an accurate assessment, there are plans to conduct a Demographic and Health Survey (DHS) in accordance with international standards and requirements.

10. Population and adolescence. Notwithstanding the wide use of contraception, there are indicators of continuing population problems. In particular, the problem of adolescent pregnancy is growing. In 1994, the estimated birth rate among women aged 15-19 was 12.1 per cent nationally -- 13.7 per cent for Africans, 11.8 per cent for Coloureds, 8.3 per cent for Asians and 6.4 per cent for whites. Indeed, a recent (government) study indicates that 45 per cent of all African adolescent girls have been pregnant by their nineteenth birthday. African youth carried the burden of the struggle against apartheid and now live with its consequences in terms of health, education, social services, employment and housing, among others. A major concern of the Reconstruction and Development Programme is to direct available internal and external assistance towards helping the African youth.

11. Health services delivery. Under the former apartheid regime, health policy and the allocation of resources focused on tertiary health providers. This created large-scale teaching and research hospitals that benefited from the most modern technology, but which served only 25 per cent of the population. The primary health care (PHC) approach that aimed to serve a larger number of the citizenry, especially those outside the main cities, was introduced only in 1982 on an experimental basis. In contrast to the hospital system, the resources available for primary health care were minuscule: only about 12 per cent of public sector health spending. The emphasis of the current Government is on providing primary health care at the grassroots level, including providing free health services for mothers and children.

12. Education. Nearly 12 million students are included in the South African education system. Yet, systematic inequities in the allocation of education resources under apartheid have entrenched inequalities throughout the system. For example, in 1993 the average government spending per student for whites was almost four times that for non-white South Africans while the pupil-to-teacher ratios were around 20:1 for whites and 40:1 for other South Africans.

13. Population policy development activities. South Africa participated in the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in September 1994. It was the country's first major international conference since rejoining the United Nations community. The new Government has yet to decide whether a national population policy is necessary or desirable. It is, however, not opposed to a national discussion on the subject. In this regard, the Department of Population Development has drafted a discussion paper on population that poses the question as to whether South Africa needs a population policy and, if so, what governmental body should be responsible for implementing it. Written submissions by the public are now being reviewed and analysed with a view to drafting a White Paper in 1996 for discussion by the Cabinet. Thereafter, the intention is to allow more widespread debate among various communities, groupings and interested parties. A finalized draft White Paper could be forwarded to Parliament for final passage by the end of 1996.

14. In the meantime, most of the line Ministries seem to be postponing substantive activities until this basic decision is made. The national (central) Ministry of Health has drafted its policy paper on maternal, child and women's health which, though not yet officially endorsed by the Minister of Health, addresses such key reproductive health issues as adolescent pregnancy, HIV/AIDS, infertility, abortion, adolescent health and women's health. The Central Statistical Office, with United Nations and UNFPA support, is continuing preparations to conduct the first comprehensive, all-South Africa population census in 1996.

15. The political environment. Though apartheid has been legally abolished, it will still take some time before its consequences are fully eradicated from South Africa's social and economic life. One of the important aspects of restructuring is the system of sub-national governments. The interim Constitution of 1993 makes provision for three tiers of government: central, provincial and local. In April 1995, provincial assemblies were democratically elected in each of the nine newly designated provinces (incorporating the former homelands as well as the four former provinces of white South Africa). The powers of the provinces will be further specified by the proposed new Constitution. Local government elections took place in November 1995 under a system of proportional representation. An extensive delimitation exercise has recently been completed to redefine new municipal boundaries. This delimitation aims to overcome the rigid racial and ethnic boundaries of the past and to create more socially and economically viable municipalities.

III. PROPOSED UNFPA INTERIM ASSISTANCE, 1994-1996

16. The basic strategy underlying the proposed UNFPA interim assistance is twofold. In the first place, UNFPA is to assist the Government in promoting the ICPD Programme of Action and in adapting it to the requirements and aspirations of the new South Africa. Secondly, in line with the objectives of the Reconstruction and Development Programme, UNFPA will also assist the Government in experimenting with alternative approaches for reproductive health interventions in order to provide expanded and qualitative health services to the larger part of the population that is disadvantaged. The proposed interim assistance would prepare the groundwork for the formulation of UNFPA's first comprehensive country programme of assistance to South Africa to begin in 1997.

17. The interim assistance adheres to the new programme priorities and future directions of the UNFPA as detailed by the Executive Director in her report to the Executive Board at its annual session in June 1995 (DP/1995/25 and Corr. 1). It includes ongoing activities that were begun in 1994 and 1995 as well as certain new activities, or "pipeline" projects, to be initiated in 1996. The aim is to substantially complete all these activities by the end of 1996 in order to lay the

groundwork for the first comprehensive country programme while not pre-empting any of the projects that might be proposed under it.

Reproductive health, including family planning and sexual health

18. The current portfolio of ongoing projects in the area of reproductive health, including family planning and sexual health (hereafter referred to as reproductive health), has the objectives of meeting the immediate needs of women and youth and of laying the groundwork for improving the reproductive health infrastructure. These projects are as follows:

(a) Immediately following the ICPD, UNFPA was requested to provide funding for a national women's health policy conference, which took place in December 1994. The objective of this conference was to bring together women -- urban and rural, service providers and researchers, representatives from the Government and from NGOs -- to discuss a national health policy, especially from a woman's perspective, keeping in mind the goals established by the ICPD Programme of Action. The conference provided an entry point for UNFPA and was a catalyst for the current national discussions regarding a population policy for the new South Africa;

(b) There is an ongoing capacity-building project to train African women from the NGO sector in reproductive health -- from research and service delivery to programme and financial management. The availability of a leadership cadre in the NGO sector would assist the implementation of health and other population programmes at the grassroots level;

(c) Another ongoing project has the long-term objective of assisting the Ministry of Health in all nine provinces to develop an institutional framework and capacity for providing reproductive health services. Currently, project activities cover, on an experimental basis, activities in two provinces. These activities are expected to produce an institutional framework within the provincial Ministries of Health for the design and implementation of a reproductive health service delivery model within the primary health care system.

19. There are four pipeline projects that are scheduled to begin in 1996. Discussions are continuing with the Planned Parenthood Association of South Africa (PPASA) for a project that would expand community-based distribution (CBD) of contraceptives into rural areas and into the informal (squatter) settlements around the major cities. The Reproductive Health Research Unit in the Department of Obstetrics and Gynecology at Baragawath Hospital has requested assistance for a grassroots survey to determine the demand for forms of contraception other than injectables, which at present account for nearly 80 per cent of all current users. Also, the unit is seeking financial assistance for a project to develop a distance learning module for community-based

nurses in reproductive health. The fourth pipeline project will address males and their shared responsibility for reproductive health and will be implemented by PPASA.

20. It is expected that pipeline projects in the area of information, education and communication (IEC) in support of reproductive health will emerge from the ongoing discussions with PPASA regarding assistance to expand activities within PPASA youth centres to cover counselling, information and reproductive health services to both urban and rural youth. Also, assistance is envisaged to continue and expand PPASA's programme of developing, testing and training secondary school teachers in family life education and sex education. This programme is being undertaken in collaboration with provincial educational authorities. Given the process of major restructuring and decentralization of government, many national programmes, such as population education and sex education, have been put on hold. Yet, the urgency of addressing the growing problems of adolescent sexual health is widely recognized. Therefore, the Government has not objected to the efforts of NGOs such as PPASA to maintain a certain momentum in this area. An amount of $210,000 of the total requested for reproductive health is earmarked for activities in this area.

21. In addition to the $870,000 already committed to reproductive health activities, a total additional amount of $1.84 million is envisaged for 1996.

Population and development strategies

22. UNFPA has not as yet provided material support to the population policy development effort. Rather, interim assistance has the objective of ensuring that the planned 1996 comprehensive population census receives full support and that the required resources for that are mobilized both internally and externally. A technically sound and credible population census exercise would provide data on many areas of population concerns and would facilitate the process of policy-making.

23. As mentioned earlier, the Department of Population Development is utilizing the ICPD Programme of Action to rethink and reformulate the discredited population policies of the apartheid administration. A Green Paper on Population, commissioned by the department in 1994, examined the Reconstruction and Development Programme from the standpoint of its population implications, both explicit and implied, and compared it to the ICPD Programme of Action. It identifies the key population factors and asks whether or not there is a need for a clearer population policy and, if so, what the possible options are. All written comments are being reviewed with a view to preparing a Government White Paper document for submission to Parliament some time in 1996.

24. With respect to population policy development activities, the project ideas and activities that are most recommended to UNFPA at this stage cover national capacity building in all aspects of population and development with special reference to nationals who are or will be working at the provincial and local levels in both government and the NGO sectors. This will be a programme of intensive local training at the certificate and diploma levels as well as a programme to support fellowships for higher level training. UNFPA would also support workshops and conferences at all levels to assist the process of identifying population priorities and to bring together concerned and interested persons, organizations and training institutions, especially those servicing more remote and disadvantaged areas.

25. UNFPA funded a mission of international census experts in February 1995 to Pretoria to review with the Central Statistical Office (CSO) the preparations for the 1996 national population census. The report of the mission recommended, inter alia, that additional advisory services be secured from the United Nations. Continuing UNFPA inputs now include support for census advisory services. The adviser assigned jointly by the United Nations and UNFPA participates in the work of the Census Advisory Committee and in the drafting of the census questionnaire. Additional assistance is anticipated during 1996, when the census will be conducted. Although no specific date for the census has been announced, the pace of preparations suggest that the enumeration could take place in the second half of 1996. For this reason, an additional amount of $670,000 is requested for 1996. To date, approximately $210,000 has been allocated in support of the population census programme.

Advocacy and social mobilization

26. Given the history and national experience of population activities in South Africa, every UNFPA-supported activity has an advocacy content to it in order to project the benefits that can be expected from population activities in terms of national development and improved health in line with the principles and objectives of the ICPD Programme of Action. For survival in the apartheid period, the disadvantaged population developed a vast network of NGOs and community-based organizations (CBOs) to which there is still a continuing strong allegiance and trust. UNFPA's advocacy activities will be carried out in conjunction with these grassroots organizations in order to gain the confidence of community leaders and their members. UNFPA has approved approximately $185,000 to fund a series of meetings for special interest groups, including parliamentarians, youth and NGOs, to debate population issues. Activities in this area are being executed by the Government and, where considered necessary, by UNFPA itself. In the coming year it is anticipated that a number of as yet unidentified requests will be received by UNFPA. An amount of $200,000 for advocacy and social mobilization activities has therefore been earmarked for activities in 1996.

Programme development, management and coordination

27. At the present time in South Africa, institutional arrangements and the framework for implementing development programmes and for managing international development assistance are in their infancy. This situation presents both opportunities and challenges. If carefully nurtured by the international community, a relationship could be developed that would be of mutual benefit in terms of a coordinated and integrated development assistance programme. However, given the present state of the developing post-apartheid institutions, the level of assistance needed in working with counterpart institutions and bodies in the Government as well as in the NGO and private sectors is greater than is usually required.

28. The Government of National Unity has set up the Reconstruction and Development Programme (RDP) Office under the Presidency and has appointed a Minister without Portfolio to be in charge. The RDP Office is the official channel for interaction with the Government's development programme. The RDP Office still requires strengthening, and it is operating under certain civil service constraints over the allocation of resources. Nevertheless, the RDP Office exists and acts as the government counterpart institution in overall development policy matters. However, the development and implementation of externally assisted development activities can and are undertaken directly with the line Ministries. Until a central focal point for population concerns is identified and becomes functional, the coordination of sectoral population activities will be the responsibility of the concerned line Ministries, under the overall policy guidance of the RDP Office and the Ministry of Foreign Affairs. Insofar as collaboration with NGOs is concerned, the RDP Office is content with knowing only in general terms the nature of the collaboration and the flow of external inputs.

29. On the part of UNFPA, as well as the other JCGP members, there is a realization of the difficulties of programme development in South Africa at this time. Past history, the still ongoing debate about the institutional framework, the allocation of resources, and development policies are just a few of the factors that tend to inhibit accelerated action. In promoting programme development during the interim period and in preparation for a Programme Review and Strategy Development (PRSD) exercise, UNFPA will be challenged to ensure that the process is open and includes the participation of all stakeholders -- national, provincial and grassroots -- so that the end-product reflects the diversity of need and conditions and thus engenders a sense of ownership by all parties.

30. The UNFPA local office that was opened in November 1994 with the assignment of a Country Director will assist the Government in coordinating the activities of implementing and executing agencies and monitoring the implementation of the interim assistance. The arrangements and relationships under which UNFPA is now delivering its assistance have been

proceeding smoothly. UNFPA recognizes that it needs to expand its circle of implementing bodies, especially among the NGO community. In the course of 1996, greater affirmative efforts would be made to identify and foster the use of NGOs that are based in under-served provinces and localities. The directives of the United Nations Secretary-General have emphasized the need for a harmonized United Nations development programme for South Africa, and the JCGP member organizations have agreed to the lead role of UNFPA in the population sector. It is expected that all the JCGP organizations will be conducting their programme assessment exercises in the coming year as a prelude to formulating new country programmes for the 1996-2000 period.

31. The monitoring and evaluation of the UNFPA interim assistance will be a function of the forthcoming PRSD exercise. At present, individual projects do have built-in evaluation mechanisms, but the results of the PRSD evaluation in consultation with the Government will be used to decide which interim activities will undergo further development and/or be carried over into the future UNFPA country programme.

Financial summary

32. At the time of this submission, and since 1994, resources have been committed in the total amount of $1.39 million for interim population activities. Additional resources in the amount of $2.81 million (including $100,000 for a programme reserve) are required not only to complete assistance to ongoing activities but also for the purposes of responding to pipeline project activities. The table below shows the consolidated status of the interim assistance:

Currently allocated resources (1994-1996) and foreseen/pending requests (1996)

	1994 Allocation	1995 Allocation	1996 Allocation	Total Allocation (1994-96)	1996 Foreseen/ Pending	Grand Total (1994-96)
Reproductive health	$140,000	$440,000	$290,000	$870,000	$1,840,000	$2,710,000 (65%)
Population and development strategies	-	205,000	5,000	210,000	670,000	880,000 (22%)
Advocacy	-	185,000	-	185,000	200,000	385,000 (7%)
Reserve	25,000	100,000	-	125,000	100,000	225,000 (6%)
Total	**$165,000**	**$930,000**	**$295,000**	**$1,390,000**	**$2,810,000**	**$4,200,000 (100%)**

IV. RECOMMENDATION

33. The Executive Director recommends that the Executive Board approve the interim assistance for South Africa as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.